

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM
Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

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2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

The Solano County Mental Health Court Project

3. Research Design:

a. Check (✓) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental and quasi-experimental), you are using more than one research design and you will need to complete a separate copy of the survey for each design. Also, check the statements that describe the comparisons you will make as part of your research design.

Research Design (Check One)	
<input checked="" type="checkbox"/>	True experimental with random assignment to enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input type="checkbox"/>	Quasi-experimental interrupted time series design
<input type="checkbox"/>	Quasi-experimental regression-discontinuity design
<input type="checkbox"/>	Quasi-experimental cohort design
<input type="checkbox"/>	Other (Specify)
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups
<input checked="" type="checkbox"/>	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between and within enhanced treatment and treatment-as-usual groups
<input type="checkbox"/>	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and treatment-as-usual groups

- b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response: N/A

4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

The Solano County Mental Health Court Project will accept participants arrested and booked in the County jail who have a serious mental illness that prevents them from functioning fully and who are judged by assessment to be at high risk for recidivism as a result of mental health conditions.

The criteria used to identify possible participants includes:

- *DSM IV Psychological Assessment*
- *Individual's history of offending*
- *Repeat offenders*
- *Willingness to participate*

In the first three months of the project, it is our intention to locate a research-validated screening tool for MIO-recidivism risk (if one exists) that would be administered to all potential participants. Only individuals who were scored at high risk on this tool would be assessed for further participation in this program. If we are not able to locate such a tool, we will develop a screening instrument with a high face validity based upon our own and other's research, and then attempt to validate this tool during the course of the project.

5. Enhanced Treatment Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Mentally ill defendants will be first identified through the jail's normal intake screening procedure. All inmates booked into custody will receive a medical and mental status screening by the nursing staff within 24 hours of arrest.

Individuals who are found to be mentally ill, to have a high risk of recidivism, and who otherwise meet the Program eligibility criteria, will be referred to the newly hired jail mental health clinician who will conduct comprehensive mental health assessment. This assessment will include the mental health recidivism risk assessment described in the previous section.

When the assessment confirms that a detainee has serious mental health problems and might be a candidate for the program, the offender is offered the opportunity to be considered for the experimental MHC program. Individuals who agree to consider participation will be given a full disclosure of the nature of the program, available services, requiring sharing of confidential information, required consent to follow-up, and the possibility that they will be assigned to the comparison group. If the individual is willing to participate and signs an informed consent, the clinician will assign the client the next sequential case number and will then enter the number into a small Visual Basic application that will randomly assign the individual to the experimental or comparison condition. In this way, no one will know in advance of the consent to participate who is in the experimental group and who is in the control group.

Individuals in the control group will not receive the core program services of Mental Health Court, Crisis Residential Care, or Assertive Community Treatment. They will, however, receive some program services:

- *The clinician will develop a treatment program and will work with the jail discharge staff to make appropriate referrals and placement;*
- *The individual will be given expedited assistance in public benefits applications when their jail discharge date is approaching;*
- *Individuals may be given a priority assignment to the FACT team, which is part of our services-as-usual package, but which often has a waiting list. No firm decision has yet been made on this issue. Although this strategy might tend to dilute our estimation of the outcome effect size, it would ameliorate ethical concerns about the random assignment process, and might well encourage a higher percentage of*

candidates to participate in the program.

Each morning the Jail Nursing Supervisor will be responsible for contacting the District Attorney to share pertinent information on those MIO's that qualify for MHC. The County District Attorney will refer possible candidates to Mental Health Court the same day or the next day depending on the time of arrest.

Prior to the start of the first hearing, the prosecutor, the public defender, and probation officer (when the level of charge is sufficient for the assignment of a probation officer) will meet to review the information gathered about the candidates and to discuss the particular mental health issues that may be involved. The discussion will include the analysis from the jail mental health staff, with input from the prosecutor and defense counsel. The P.D. and the D.A. will agree on sentencing recommendations. A number of options will be available based upon the severity of the offense and the history of the offender: 1) Diversion, 2) Deferred Entry of Judgment, or 3) Sentence with probation conditions for treatment participation.

Solano County recognizes that, notwithstanding these procedures, judges may mandate transfer of an individual from the comparison to the treatment condition. Solano County has been working closely with the judiciary throughout this process, and will continue to do so. Consequently, we do not believe that this situation will occur frequently. When it does, the individual so assigned will receive services in an identical fashion with all members of the experimental group; however, he/she will be excluded entirely from the outcome analysis.

- b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Randomized selection from the pool described in 5a.

6. Treatment-as-Usual (Comparison) Group:

- a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

Randomized selection from the pool described in 5a.

- b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

A total of 270 eligible individuals will be screened and selected into the program. Approximately 180 will be randomly selected into treatment and 90 into the comparison group.

7. Historical Comparison Group Designs (only):

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

Response:

N/A

8. Sample Size:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will

complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	55	25
Second Year	65	35
Third Year	60	30
Total	180	90

Unit of Analysis (Check one)	
<input type="checkbox"/> x	Individual Offender
<input type="checkbox"/>	Geographic Area
<input type="checkbox"/>	Other:

9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Most of the defendants will be placed in community-based, outpatient programs, unless acute care or more intensive services are needed. Program participation is voluntary; however, if an individual refuses to comply with his/her treatment plan, he/she will be subject to court sanctions. Once released, felony offenders and violent misdemeanants will be placed in the caseload of a probation officer specifically assigned to the Mental Health Court Project. Upon discharge from jail, each participant will be assigned to an Assertive Community Treatment team. The Assertive Community Treatment (ACT) teams will facilitate a comprehensive and collaborative planning effort that will actively include family members, community-based service providers, and other support persons. Each Assertive Community Treatment Team will be staffed by a mental health professional, two paraprofessionals, a substance abuse clinician, and will provide intensive supervision and support for a period of 3-12 months. ACT will provide 24-hour crisis response, as well as additional support as necessary during peak hours when many other programs are not available. After the initial 3-6 month period the individual will be mainstreamed into the mental health system and be offered services through the FACT program. Enrolled in the FACT program, the individual will remain at a high level of service/frequency of contact for an additional 6-12 months, until their condition has stabilized fully. A portion of the MIOCR grant funds will be used to establish a much-needed sub-acute residential treatment facility, to provide a safe environment for mentally ill offenders who need to be stabilized for a short period. It will provide dual diagnosis health treatment, and is designed to stabilize those clients whose condition is so severe they cannot immediately return to the community. The program will be housed on the grounds of the Claybank Correctional facility. This 12 bed gateway facility will offer MIO's an opportunity for up to a 3 month stay based on their individual needs and will also offer an array of supportive services to help the participant begin the treatment process. The Sheriff's Office has agreed to provide meals and laundry services. The residential facility will attempt to supplement the support and supervision it provides with "wrap around" services. These include 24-hour supervision, group therapy, dispensation of client medications, and assistance in helping with finances through the teaching of budgeting skills, and a program that provides treatment services. Assertive Community Treatment staff will visit the participants on a regular basis to monitor compliance with day treatment and medication, and try to respond to problems as they arise.

10. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Each treatment as usual program participant will receive a mental health screening upon entry to the jail, a follow up mental health assessment, current mental health treatment and support services , possible assistance with release

planning from the efforts of the Jail Mental Health Team, Probation supervision where indicated and referrals to other Mental Health Services and the FACT Program.

11. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
<i>Mental Health Court plus Assertive Community Treatment</i>	<i>Decrease in antisocial behavior</i>	Count of arrests subsequent to program entry ¹ Count of arrests for violent crimes subsequent to program entry ¹	Arrest record in Sheriff's Booking Data System	Decrease
	<i>Increase in psychiatric stabilization</i>	Count of admissions to psychiatric crisis services ¹ Days of psychiatric inpatient hospitalization ¹	County Mental Health Data system; episode records for hospitalization and psychiatric crisis	Decrease
	<i>Increase in compliance with Mental Health regimens</i>	Ratio missed outpatient appointments to kept outpatient appointments; ¹ Increased frequency of kept outpatient appointments ¹	County Mental Health Data System; service data	Increase
	<i>Increase in compliance with legal requirements</i>	Reduction in jail days due to probation infractions and failure to appear ¹	Arrest record in Sheriff's Booking Data System	Decrease
	<i>Increase in client well-being</i>	Improvement on subscales of standardized assessment tool such as the ASI (Tool has not yet been selected) ²	MIOCR case management records	Increase
	<i>Increase in client life skills</i>	Improvement on standardized lifeskills inventory (Tool has not yet been selected) ²	MIOCR case management records	Increase
	<i>Client satisfaction with the program</i>	Client self-report	Annual survey	Increase

30-90 day Crisis Residential Treatment including mental health, substance abuse services, and life skills training for clients who require a period of stabilization.	Decrease in antisocial behavior	Count of arrests subsequent to program entry ³ Count of arrests for violent crimes subsequent to program entry ³	Arrest record in Sheriff's Booking Data System	Decrease
	Increase in psychiatric stabilization	Count of admissions to psychiatric crisis services ³ Days of psychiatric inpatient hospitalization ³	County Mental Health Data system; episode records for hospitalization and psychiatric crisis	Decrease
	Increase in compliance with legal requirements	Reduction in jail days due to probation infractions and failure to appear ³	Arrest record in Sheriff's Booking Data System	Decrease
	Client satisfaction with the program	Client self-report	Annual survey	Increase
Assistance with SSI application and appeal	Increase in percentage of eligible individuals obtaining SSI	Percentage of MIOs on SSI subsequent to program implementation/ Percentage of MIOs on SSI prior to implementation ¹	County Welfare Case Data System Medi-Cal applications	Increase

¹Measures every six months during program participation, and at 6 and 12 months after discharge. Individuals who are discharged later than six months prior to the end of grant funding will not have post-discharge follow-up measurements.

²Measured at intake, 12 months, and exit. For this measure, the comparison group will not be assessed; measurement will be pre- and post- for the experimental group.

³Measures at 6 and 12 months after discharge. Individuals who are discharged later than six months prior to the end of grant funding will not have post-discharge follow-up measurements.

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. Mental Health Court participants will show a decrease in antisocial behavior	t test for simple outcome assessments; multivariate analyses to assess causal contribution of program elements and client characteristics to outcome
2. Mental Health Court participants will show an increase in psychiatric stabilization	t test
3. Mental Health Court participants will show an increase in compliance with Mental Health regimens	t test t
4. Mental Health Court participants will show an increase in compliance with legal	t test

requirements	
5. Mental Health Court participants will show an increase in client well-being	t test
6. Mental Health Court participants will show an increase in client life skills	t test
7. Crisis Residential clients will show a decrease in antisocial behavior	t test
8. Crisis Residential clients will show an increase in psychiatric stabilization	t test
9. Crisis Residential Clients will show an increase in compliance with Mental Health regimens	t test
10. Crisis Residential Clients will show an increase in compliance with legal requirements	t test
11. All participants (experimental and control) will show an increased rate of participation in SSI	t test

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis		
x	Yes	No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Cost data will be collected on mental health costs (inpatient and outpatient), arrest and incarceration costs, and health costs for both the experimental and control groups. Cost benefit analysis will compare the marginal benefit of the demonstration between the marginal costs of the demonstration, both as compared to business-as-usual for the control.

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Process Evaluation Approach: Documentation of program operations and assessments conducted with key stakeholders will provide information regarding the planning and implementation of the Mental Health Court and the ACT teams. Critical elements in the process evaluation of the ACT program will be to insure program fidelity, program implementation and planning strategies, accurate description of the proposed program model, program operations and its interventions. For program fidelity ACT programs across the nation have depended on the guidelines supported by NAMI in The PACT Model Of Community Based Treatment for Person's With Severe and Persistent Mental Illness.

15. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Completion criteria will include:

- 1. Program participants will fulfill the requirements of probation and are considered baseline stable by the team;*
- 2. Program participants will have no involvement with the criminal justice system for six months; and*
- 3. Program participants will manifest an adequate level of stability to justify transfer to a lower level of care.*

16. Participant Losses:

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Termination criteria will include:

- *Moving out of the area*
- *Voluntary resignation from the program*
- *Sentenced to State prison*
- *Lost to follow-up*

We will track some outcome measures—rearrest and psychiatric hospitalization—for individuals who resign from the program but continue to live in Solano County. Individuals in the other three categories will not be followed.